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good text-books on the subject and some of the companies that manufacture X-ray plates give out bulletins from time to time. Heads of training schools should see to it that their classes are provided with them. Too much cannot be said in favor of encouraging nurses to take up X-ray and pathological work, for research and preventive measures are the lines along which our profession is to develop.

Mississippi

M. H.

THE PROBLEM OF RELIEF ON A LONG CASE

Dear Editor: A nurse of my acquaintance has been with a tubercular case for about a year and a half. For the greater part of this time she has been attending her patient, first, in a general hospital and, later, in a private sanatorium. She has been relieved by the institution nurses for daily off duty and at the sanatorium for two full days once a month, I think. Some time ago she was able to take her patient home, much improved, but still in bed and requiring attention at night. Recently I relieved her for two days, when she went up to take the state board examination. On her return she paid me herself and in reply to some comment on my part, said she had been doing this since leaving the sanatorium. As this case will probably last a year or two longer, I am wondering if the nurse is not entitled to a day or two off duty once a month with pay. Or is it usual to do as this nurse is doing?

Massachusetts

L. H.

DIFFICULTIES OF THE DIETITIAN

Dear Editor: The JOURNAL is I know, edited primarily for nurses, but as nearly every hospital has a dietitian who necessarily must work with nurses and for the nurses, I beg a little space in your magazine to say a word in behalf of the dietitian.

A year ago you published an article which ended in this manner: As for the dietitian, she is a problem by herself. Good dietitians are few and far between. It may be true, but being a dietitian myself, I want to show you some of our problems and ask you to be fair with us. Out of five years of my own experience and the confidences of many friends, I have been able to observe closely the inside workings of many hospitals, large and small, and to form some general conclusions about them.

No two hospitals are alike. In fact, they are so unlike that a year's experience as dietitian in one is hardly any preparation for the work in another. But in one respect they are nearly all the same. The diet kitchen is generally in the most desolate spot, the basement, with cement floors, poorly ventilated, near the noisy ice plant, or it is tucked in among the patients' rooms where the least sound of dishes or voices disturbs the patients and is likely to bring the wrath of the superintendent down on the head of the offending nurse. As a nurse once remarked, "The diet kitchen ought to be a padded cell."

Two happy years I spent in an airy, sunshiny, white-tiled kitchen on the top floor, with a hooded gas stove and a ventilating fan in the window. Visitors were brought in daily to see the rows of trays, bright with snowy linen and shining silver. They were also shown the cupboards full of shining aluminum utensils and the icebox with its trays of salads and desserts. Visitors furnish such an incentive for polishing and scouring.

A dietitian is trained in household economics, in other words, she knows the cost of all kinds of food and the amount of nourishment that is in them.